

# **Request for Retirement Estimate**

To receive a retirement estimate, please complete this form, attach a copy of your most recent Social Security Statement and fax both to the USCG Retirement & Benefits Service Center at (202) 267-4995. If you have questions, call a benefits specialist at 202-267-2075 or 2064.

1. Name: \_\_\_\_\_ 2. DOB: \_\_\_\_\_
3. SSN: \_\_\_\_\_ 4. CSRS / CSRS OFFSET / FERS \_\_\_\_\_
5. Daytime Phone Number: \_\_\_\_\_
6. Are you married? \_\_\_\_\_ 7. If yes, will you elect a survivor benefit? \_\_\_\_\_
7. Retirement Date: \_\_\_\_\_
8. Type of Retirement: \_\_\_\_\_  
Voluntary, Involuntary, Early, Disability, Deferred, Special (LEO/FF/ATC)
9. Military Service: From \_\_\_\_\_ To \_\_\_\_\_
10. Receive military retired pay? Yes \_\_\_\_\_ No \_\_\_\_\_  
(a). Because of combat-incurred disability? Yes \_\_\_\_\_ No \_\_\_\_\_  
(b). Retirement from Reserves (Title 10)? Yes \_\_\_\_\_ No \_\_\_\_\_  
(c). Do you wish to waive and combine military retired pay? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Have you made a deposit for any military service after Dec 31, 1956? Yes \_\_\_ No \_\_\_
12. Will you be eligible for Social Security when you are age 62? Yes \_\_\_ No \_\_\_
13. Have you ever taken a refund of your retirement contributions? Yes \_\_\_ No \_\_\_  
If yes, have you paid back the refund to OPM? Yes \_\_\_ No \_\_\_
14. Have you paid a deposit for any Temporary (FICA Only) service? Yes \_\_\_ No \_\_\_
15. If eligible, will you continue health & life insurance into retirement? Yes \_\_\_ No \_\_\_
16. Would you like to receive your estimate via your global email address? Yes \_\_\_ No \_\_\_
17. If you would like your estimate sent through US mail or to your home email address, provide the address below:  
\_\_\_\_\_  
\_\_\_\_\_

Date of Request \_\_\_\_\_

Date Completed by Benefits Spec \_\_\_\_\_

**Revised 09/2003**